



TEMPORARY USE APPROVAL

THIS ORIGINAL DOCUMENT MUST BE LOCATED AT THE ADDRESS BELOW AND MUST BE AVAILABLE FOR REVIEW BY ANY CITY OFFICIAL OR POLICE OFFICER.

I understand that the proposed use is temporary for the following location, dates and time **ONLY**.

LOCATION: _____

DATE: _____

FROM: _____

a.m. / p.m.

TO: _____

a.m. / p.m.

DATE: _____

FROM: _____

a.m. / p.m.

TO: _____

a.m. / p.m.

DATE: _____

FROM: _____

a.m. / p.m.

TO: _____

a.m. / p.m.

DATE: _____

FROM: _____

a.m. / p.m.

TO: _____

a.m. / p.m.

I further understand that all of my activity will be conducted entirely on private property and only between the hours of operation as specified above. Vender operation **MUST NOT** begin before or end after the dates and times shown above.

Any violation of this requirement will result in revocation of this approval, including any balance of dates.

Vendor - Print Name Phone Number

Vendor - Signature Date

THIS DOCUMENT MUST HAVE AN ORIGINAL RED STAMPED APPROVAL FROM THE CITY'S ZONING DEPARTMENT / DEVELOPMENT SERVICES.

RED STAMP